STATE OF SOUTH DAKOTA
Statement of Legal Newspaper Ownership and Circulation

1. TITLE OF NEWSPAPER: Hill City Prevaiker-News		2. DATE: 9.27.2024
3. FREQUENCY OF ISSUE: Weekly	3A. NO. OF ISSUES PUBLISHED ANNUALLY: 52	3B. ANNUAL SUBSCRIPTION PRICE $: 50.00
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers): P.O. Box 266, Hill City SD 57745-0266		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers): P.O. Box 266 Hill City SD 57745-0266		
6. FULL NAME OF PUBLISHER: Jerry Lenander		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given. FULL NAME: SHP Holdings LLC COMPLETE MAILING ADDRESS: P.O. Box 551, Custer SD		
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form. None		

9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run Plus Paid Electronic Copies)	604	624
B. PAID AND/OR REQUESTED CIRCULATION		
1. Sales through dealers and carriers, street vendors, and counter sales.	83	89
2. Mail Subscription (Paid and or requested)	276	276
3. Paid Electronic Copies	104	124
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1, 9B2 and 9B3.)	463	489
D. FREE DISTRIBUTION		
1. BY MAIL, CARRIER OR OTHER MEANS	20	20
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	0	0
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	483	509
F. COPIES NOT DISTRIBUTED		
1. Office use, left over, unaccounted, spoiled after printing	70	54
2. Return from News Agents	51	61
G. TOTAL (Sum of E, F1 and F2 – Should equal total shown in A.)	604	624

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public
I swear that the statements made by me are true, correct, and complete:

(Signature)

General Manager / Editor
(Title)

State of South Dakota)
County of Custer)
(Seal)

Sworn to before me this 27 day of September 20 24

Joanne Fuerstenberg
Notary Public

My commission expires: NOV 30 2027

JOANNE FUERSTENBERG NOTARY PUBLIC SEAL STATE OF SOUTH DAKOTA

Form: SOS REC 051 9/2016